

SWIMMING REGISTRATION FORM

INSTRUCTIONS:

1. Athletes must have a valid medical & consent form on file with the regional office and present at registration.
2. Enter the appropriate event code for each athlete, followed by their qualifying time.
3. Enter all relay athletes in the section at the right and use letters 'A, B, C and D to differentiate teams.
4. Athletes may register for fundamental events (events in RED) or individual events, but not both.
5. Athletes may enter two fundamental events (events in RED) or two individual events, plus one relay.
6. Athletes are responsible for their own Coast-Guard-Approved flotation equipment.
7. All coaches and support staff in attendance must be registered and maintain a valid certification status.

TRAINING CLUB:	
HEAD COACH:	
EMAIL:	
PHONE:	

EVENTS: CODE:		EVENTS: CODE:	
15M Walk	15MWK	50M Breaststroke	50BS
15M Assisted	15MAS	50M Butterfly	50BF
25M Assisted	25MAS	100M Freestyle	1CMF
15M Flotation	15MFL	100M Backstroke	1CBK
25M Flotation	25MFL	100M Breaststroke	1CBR
15M Kickboard	15MKB	100M Butterfly	1CBF
15M Unassisted	15MUA	100M Ind.Medley	1CIM
25M Kickboard	25MKB	200M Freestyle	2CMF
25M Backstroke	25BK	4x25M Free Relay	1CFR
25M Breaststroke	25BS	4x50M Free Relay	2CFR
25M Butterfly	25BF	4x25M Medley Relay	1CMR
25M Freestyle	25MF	4x50M Medley Relay	2CMR
50M Backstroke	50BK		
50M Freestyle	50MF		

ATHLETES INFORMATION		DOB MM/DD/YY	Gender M OR F	W/C? Y OR N	EVENT CODE #1	TIME		EVENT CODE #2	TIME		RELAY CODE #1	JR/SR	TIME		TEAM NAME A, B, etc.
Last	First					MIN	SEC		MIN	SEC			MIN	SEC	

Coach and Additional Support Staff		Email	Cell Phone (XXX) XXX-XXXX
Last	First		